

Medicaid Family Planning Services
Virginia Department of Medical Assistance Services (DMAS)

The Current Procedural Terminology (CPT) codes listed below in Tables 1, 2, and 3; the Healthcare Common Procedure Coding System (HCPCS) codes in Table 4; and the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes listed in Table 5 are approved services covered by the Virginia Family Planning Service (FPS) program. These services are only covered under the FPS program when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 6.

The FPS program will cover:

- Family planning office visits which include:
 - Annual Gynecological exam and Pap Screening (one per 12 months);
 - Sexually transmitted infection (STI) testing (limited to the initial family planning encounter);
 - Laboratory services for family planning and STI testing; and
 - Family planning education and counseling;
- Food and Drug Administration (FDA) approved contraceptives, including diaphragms, contraceptive injectables, and contraceptive implants;
- Over-the-counter contraceptives; and,
- Sterilizations (excluding hysterectomies).

Individuals on the waiver are not eligible to receive other Medicaid services, to include the following:

- performance of, counseling for, or recommendations of abortions;
- infertility treatments;
- performance of a hysterectomy;
- transportation to a family planning service;
- primary care services; and
- any service not related to family planning.

Follow up services to a family planning office visit or major complications of family planning services are not reimbursable under the Virginia FPS program. Services provided that are not included on this list of approved codes, will not be reimbursed by the Virginia FPS program. Services provided that are included in this list, but not accompanied with an approved ICD-9-CM diagnosis code, will not be reimbursed by the Virginia FPS program.

Please be aware that these services may be revised subsequent to the Centers for Medicaid and Medicare Services (CMS) review of services. It will be the responsibility of the individual provider to adhere to the Medicaid Memos. Upon CMS review of services, Virginia will modify its listing of covered services accordingly.

Approved Virginia Family Planning Service Codes

Table 1

CPT Evaluation and Management (Office Visit/Inpatient Visit) Codes (Must be used with diagnosis codes listed in Table 6)	
Code	Description
99201	Office or other outpatient visit for new patient (10 minute face-to-face)
99202	Office or other outpatient visit for new patient (20 minute face-to-face)
99203	Office or other outpatient visit for new patient (30 minute face-to-face)
99204	Office or other outpatient visit for new patient (45 minute face-to-face)
99205	Office or other outpatient visit for new patient (60 minute face-to-face)
99211	Office or other outpatient visit for established patient (5 minute face-to-face)
99212	Office or other outpatient visit for established patient (10 minute face-to-face)
99213	Office or other outpatient visit for established patient (15 minute face-to-face)
99214	Office or other outpatient visit for established patient (25 minute face-to-face)
99215	Office or other outpatient visit for established patient (40 minute face-to-face)
99221	Initial hospital care, per day, for E & M of patient (30 minutes)
99222	Initial hospital care, per day, for E & M of patient (50 minutes)
99223	Initial hospital care, per day, for E & M of patient (70 minutes)
99231	Subsequent hospital care, per day, for E & M of patient (15 minutes)
99232	Subsequent hospital care, per day, for E & M of patient (25 minutes)
99233	Subsequent hospital care, per day, for E & M of patient (35 minutes)
99238	Hospital discharge day management, 30 minutes or less
99239	More than 30 minutes
99241	Office consultation for new or established patient (15 minutes face-to-face)
99242	Office consultation for new or established patient (30 minutes face-to-face)
99243	Office consultation for new or established patient (40 minutes face-to-face)
99244	Office consultation for new or established patient (60 minutes face-to-face)
99245	Office consultation for new or established patient (80 minutes face-to-face)
99251	Initial inpatient consultation for new or established patient (20 minutes)
99252	Initial inpatient consultation for new or established patient (40 minutes)
99253	Initial inpatient consultation for new or established patient (55 minutes)
99254	Initial inpatient consultation for new or established patient (80 minutes)
99255	Initial inpatient consultation for new or established patient (110 minutes)

Table 2

CPT Procedure Codes (Must be used with diagnosis codes listed in Table 6)	
Code	Description
00851	Anesthesia for Tubal ligation/transection
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
36415	Collection of venous blood by venipuncture
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of IUD
58301	Removal of IUD
58600	Ligation or transaction of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58611	Ligation or transaction of fallopian tube(s) when done at the time of intra-abdominal surgery. In context of the family planning service program, only covered if performed after the 60 day postpartum period.
58615	Occlusion of fallopian tube(s) by device, vaginal or suprapubic approach
58670	Laparoscopy, surgical; with fulguration of oviducts
58671	With occlusion of oviducts by device
90772	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular (direct Physician supervision)
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory

Table 3

CPT Lab Codes (Must be used with diagnosis codes listed in Table 6)	
Code	Description
81000	Urinalysis by dipstick or tablet reagent, non-automated, with microscopy
81001	automated, with microscopy
81002	non-automated, without microscopy
81003	automated, without microscopy
81025	Urine pregnancy test
84703	Gonadotropin, chorionic (hCG); qualitative
85025	Complete Blood Count
86592	Syphilis test; Qualitative
86593	Syphilis test; Quantitative
86631	Antibody; Chlamydia
86632	Chlamydia, IGM
86689	HTLV or HIV antibody, confirmatory test
86696	Herpes simplex, Type 2
86701	HIV-1
86702	HIV-2
86703	HIV-1 AND HIV-2, Single assay
86781	Treponema pallidum, confirmatory test
87110	Culture, Chlamydia, any source
87210	Smear, primary source with interpretation; wet mount for infectious agents
87270	Infectious agent antigen detection by immunofluorescent technique: Chlamydia
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87320	Infectious agent antigen detection by enzyme immunoassay technique; Chlamydia trachomatis
87390	HIV-1
87391	HIV-2
87491	Chlamydia trachomatis, amplified probe technique
87529	Herpes simplex virus, amplified probe technique
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87621	Papillomavirus, amplified probe technique
87808	Infectious agent detection; Trichomonas
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician

CPT Lab Codes continued (Must be used with diagnosis codes listed in Table 6)	
88142	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer prep; manual screening under physician supervision
88143	with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	with manual screening and computer-assisted rescreening under physician supervision
88153	with manual screening and rescreening under physician supervision
88154	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation
88164	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
88167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88175	with screening by automated system and manual rescreening or review, under physician supervision

Table 4

HCPCS Codes (Must be used with diagnosis codes listed in Table 6)	
HCPCS Code	Description
A4261	Cervical cap for contraceptive use
A4266	Diaphragm for contraceptive use
A4268	Contraceptive supply, condom, female, each
A4269	Contraception supply spermicide (e.g. foam, gel), each
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
J1055	Injection, Medroxyprogesterone Acetate for contraceptive use, 150 mg
J1056	Injection, Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg / 25 mg
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Contraceptive vaginal ring (Nuvaring Vaginal Ring)
J7304	Contraceptive supply, hormone containing patch, each
J8499	Prescription drug, oral, non chemotherapeutic, NOS
S0180	Etonogestrel contraceptive implant system, including implants and supplies (Implanon) Effective dates of service 1/1/07.
S4981	Insertion of levonorgestrel-releasing intrauterine system
S4989	Contraceptive intrauterine device, (e.g. Progestacert IUD), including implants and supplies
S4993	Contraceptive pills for birth control

Table 5

ICD-9-CM Sterilization Procedure Codes (Must be used with diagnosis codes listed in Table 6)	
ICD-9 Code	Description
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes
66.22	Bilateral endoscopic ligation and division of fallopian tubes
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes
66.31	Other bilateral ligation and crushing of fallopian tubes
66.32	Other bilateral ligation and division of fallopian tubes
66.39	Other bilateral destruction or occlusion of fallopian tubes

Table 6

ICD-9-CM Diagnosis Codes	
Code	Description
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.09	Other family planning advice
V25.1	Insertion of intrauterine contraceptive device
V25.2	Sterilization
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine contraceptive device
V25.43	Implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.9	Unspecified contraceptive management